Accident	Accident Number			Agency NCIC No.			MOTOR		UNIFORM ACCIDENT REPORT			County			Date Rec. By DPS		
Date		$T_{\Gamma}$	<del>_</del>	Day Of Week			Time	Off. Ar	rrived					Inside City Of:	— L		
l		Su	un M	T W		s L			T,	Verno.	iles inju	iles rau	ilRibo			Corr	Panort
Road of Occurren							Inters	t Its		- 1.	- 0+ 6	257	700	1 D City			ected Report Yes
1	1 □ inte	erstate 2	2 🗆 Lowe	estSt.Rt. ⊟ Mii	t. 3⊡Co.R Bles 1⊓I		CitySt. Wi 3 ⊟ East `C	Vith 1 🗆 1	Interstate 2								pl. To Original Yes 🔲
Not At Its Intersecti	ion But			– □ Fe		South 4	4 □ West	t 🛭 Intersta	ate 2□ Low	vest S	it. Rt. 31	☐ Co. Roa	,d 4 C	□ City St. 5	5 🗆 Co. Lir	ле	
And Cont Direction The Next	ı Check	ked Abo	JVB Sintis	101	nterstate 2	o⊓ Lowe	ıst Si. At. 3 [	□ Co. Road	4 🗆 City St.		3 Co. Line						
Driver #		ence Po	Mucro		First	L 5.V	Middle	200	Driver #				F	First		Middle	le
Onver #					Irst	rst Middle					_						
Ped □	Äddr	ess					Ped  Address				dress	_	_				
City	·	-	State		Zip		DOB	City			State		Zip	i	DOB		
Driver's L	icense	a No.			Class	State		□ Male □ Female	Driver's t	Driver's License No.				Class	State		□ Male □ Female
Posted		Insuran	nce Co.			Policy !	No.	L Fernan	Posted		Insura	nce Co.		Polir	cy No.		
Speed					<del></del>				Speed		· · · · · · · ·		Mod	4-1	-	Telephone	- No
Year	M:	lake		Mod			Telephone N	ło. 	Year Make				Wioc				140.
VIN	_					Vehicle C			VIN						Vehicle C		
Tag#	_		Stat	te	County		Year		Tag #	_		State		County		Year	
Trailer Ta	1g #		Stat	te	County		Year		Trailer Ta	1g #		State	·	County Year			
☐ Same		ner's La	ast Name	e	First		Middle		Same as Driver	Same Owner's Last Name First Middle							
Address									Address						and the		
City			State		Zij	p			City			State		Zir	þ		
Removed	ј Ву	—					☐ Request	☐ List	Removed	Ву						Request	it List
Alcohol		Type	Result	<u>.</u>	Orug	Type	Results		Alcohol	$\overline{}$	Туре	Results	<u>. Tr</u>	Drug	Туре	Resul	ilts
Test			ection		Test		Contributing Factors		Test Driver			ection	Test		ــــــــــــــــــــــــــــــــــــــ		uting Factors
Condition	i	of T	Travel		Obscured		Contributing Factors		Condition	Condition		Fravel		Obscured	Obscured Pedestrian		
Vehicle Condition		Man	nicle neuver	<del>,</del>	Pedestria Maneuve	er	<u> </u>		Condition	Condition		neuver	- 6/4	Maneuve	Maneuver		
Most Harr Traffic Co		/ent			ie Class e Inoperativ		Vehicle Type ☐ Yes ☐ No		Most Harr Traffic Co					le Class e Inoperativ		Vehicle Ty □ Yes	ype □ No
Injured Ta	_				Tiller.	-			By:								
EMS Notif			EMS	3 Arrival	Time	Hospit	tal Arrival Tin	me		otos 7	Taken:	□ Yes		No By:	<i>j</i> :		
Report By						epartmen			Repo	ort Dat	ate	<del></del>	Checke	ed By:		Da	te Checked
Witness(e						Address	<del></del>	City			State		Zip C		Tele	рһоле №	<u> </u>
With the aut-	/5). Iva.	<u>.</u>				- Uuroca		¥,									
														<del></del>			
DPS MICI	ROFILI	M NUM	BER (	,DO NU	T WRITE II	1 THIS S	PACE										
							COM	MERCIAL V	/EHICLES	ON	LY						
Carrier Na Vehicle #									Carrier Na Vehicle #				_				
Address									Address								
City			State	a		Zip		****	City State Zip								
Number o	of	T 7	G.V.W.R	R. Fed. Reportable			Cargo Bo	ody						ed. Reportable Cargo Body ☐ Yes 2 ☐ No Type			
Vehicle Confin	1.	.C.C.M.	.C. #		J.S. D.O.T.		Inter	erstate □ rastate □	Vehicle		I.C.C.M.C	J. #		I.S. D.O.T. #		Int	terstate 🗆 trastate 🗇
Config. C.D.L.?			J No		D.L. Susper		1 □ Yes 2 □	□ No	Config.					).L. Suspend		☐ Yes 2	□ No
Vehicle P 1 ☐ Yes	Placarde	led?		Hazar	rdous Mater Relea	erials? 1 ased? 1	1 □ Yes 2 □ 1 □ Yes 2 □	⊒ No □ No	Vehicle Pla 1 ☐ Yes	2 □	3 No				ised? 1	☐ Yes 2 ☐ Yes 2	□ No
		r 4 Diait	t Numbe it Numb	er from C er from '	Diamond or Bettom of D	r Box:			If YES, Na	ame c	or 4 Digit 1 Digit	Number ! t Number	from D from F	Diamond or Bottom of D	Box: Diamond:		
Ran	Off Flo		Dow	vn Hill naway		go Loss Shift	Sep	paration Units	Han (	Off R		Down	Hill		no Loss	Se	sparation Units

DPS-523 (2/94)

		OF			
Accident Investigation Site?    Yes	INDICATE NORTH				
Accident Investigation Site? CITATIONS - VEHICLE # CITATIONS - VEHICLE #					
Site Number:	-				
First Traffic- Weather Surface Light Manner Location Road Ro Cond. Condition Of At Area Comp. De Event Flow	oad efects	Road Character			
VEH. # VEH. # SKID DISTANCE AFTER		Midth Of Bo	Of Board		
Number of Occupants  BEFORE IMPACT VEH.  VEH.	VEH. Width Of Road				
Point Of Initial Contact  Damage To Vehicles VEH. VEH.					
Damage Other Owner: TAKEN Than Vehicle: VEH FOR	ŞAFE	ETY UIP. EXTRIC.	_		
Occupants Driver # Or Pedestrian #			AIR BAG		
Driver # Or Padestrian #			AIP BAG		
Driver # Or Pedestrian #  Last Name First Address City State Zip	, 1	+	AIP BAG		
Driver # Or Pedestrian #  Last Name First Address City State Zip	4		AIR BAG		
Driver # Or Padestrian #  Last Name First Address City State Zip			AIR		
Driver # Or Pedestrian #			AIR		
Driver # Or Padestrian #  Last Name First Address City State Zip			AIR		
Driver # Or Padestrian #  Last Name First Address City State Zip			AIR		
Driver # Or Pedestrian #			AIR		